MAXIMUS Federal Services

Case Number:	CM15-0009990		
Date Assigned:	01/30/2015	Date of Injury:	07/09/2002
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 48 year old female, who sustained an industrial injury, July 9, 2002. The injured worker was diagnosed with chronic neck pain with headaches and radiating weakness in the bilateral upper extremities, anterior cervical discectomy with interbody fusion and posterior wire stabilization C5-C6 and C6-C7 and cervicogenic headaches with migraine component. The injured worker previously received the following treatments cervical surgery, pain medications, Soma, voltaren gel, cervical facet rhizotomy or cervical facet therapeutic injections, Lidoderm patches, Botox injections and MRI cervical spine. According to progress note of the injured workers chief complaint was cervicogenic headaches with migraine component and radiating weakness in the bilateral extremities. The injured worker has had Botox injections in the past, second with a severe reaction. On October 29, 2014, the primary treating physician requested for bilateral occipital nerve block. December 16, 2014, the utilization review denied authorization for bilateral occipital nerve block.The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral Occipital Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back; Greater Occipital Nerve Block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Greater occipital nerve block, therapeutic

Decision rationale: The patient presents with pain affecting the head with migraine component and radiating weakness in the bilateral extremities. The current request is for Bilateral Occipital Nerve Block. The treating physician report dated 10/29/14 (14E) states, "She saw [redacted] in surgical consultation on February 28, 2014. He stated that he did not see a surgical lesion evident on the imaging and discussed this with the patient. He stated that her MRI scan is reassuringly stable and that the patient had a fairly normal neurological examination. He recommended possible C4-5 cervical facet joint rhizotomy and/or therapeutic injections of the greater occipital nerves at C2-3 level." The report goes on to note, that the patient was diagnosed with chronic severe cervicogenic headaches. The MTUS Guidelines do not address occipital nerve blocks. The ODG has the following: "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post-injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched." The patient presents with cervicogenic headaches and has found relief of her symptoms from conservative treatment such as, Voltaren gel, but it was recently non-certified. In this case, occipital nerve blocks are still under study and there is little evidence that the block provides sustained relief. Furthermore, the patient notes that she is dealing with a lot of stress at the moment and is taking medication (Paxi) which, "may worsen her headaches." The current request does not satisfy the ODG guidelines as little supporting evidence has been found regarding Occipital nerve blocks efficacy in treating cervicogenic headaches. Recommendation is for denial.